



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Utah Department of Health

David N. Sundwall, M.D.
Executive Director

Health Systems Improvement

Marc E. Babitz, M.D.
Division Director

Paul R. Patrick
Deputy Division Director

Date: April 9, 2009

To: Potential Project Applicants to the
State Primary Care Grants Program for Medically Underserved Populations

From: Don Beckwith, Health Program Manager
Office of Primary Care and Rural Health

Subject: State Primary Care Grants Program for Medically Underserved Populations
Process for State Fiscal Year 2009-2010

The Office of Primary Care and Rural Health, Utah Department of Health, invites qualified agencies to submit an application for State Primary Care Grants Program funding for State Fiscal Year (SFY) 2009-2010. The State Primary Care Grants Program supports access to health care, by assisting public and non-profit entities with the cost of providing primary care services to medically underserved populations. The grant period will cover July 1, 2009 through June 30, 2010 (12 months).

As you may be aware, the State Primary Care Grants Program funding was decreased from \$1,600,000 to \$1,100,000 by the Utah State Legislature during this past Legislative session. Due to the decrease in funding appropriated by the Utah State Legislature, it is expected that thirty to forty percent (30%-40%) fewer awards will be made with the current funding level.

Only current prior awarded State Primary Care Grants Program Agencies will be eligible to apply for 2009-2010 State Primary Care Grants Program funding. It is very important that Applicant Agencies carefully review Attachment F, "2009-2010 Maximum Eligible Application Amount by Agency and Project." You should also note each of the following:

- ✓ Your Agency's name must be listed on Attachment F in order to be considered for funding.
- ✓ Your Agency and Project Application must be **"exactly"** the same as your current prior award.
- ✓ Your Agency should note that **"New"** Projects will not be reviewed or considered.
- ✓ Agency Applications will not be considered if the Applicant Agency changes the scope of the Project.
- ✓ Agency Project Applications will not be considered if the Applicant Agency applies for more funding than they are eligible to apply for (see Attachment F).

Applicant Agencies should be aware that it is the policy of the Utah Department of Health that Agencies awarded under the State Primary Care Grants Program:

- ✓ **Must** use awarded funding to provide primary care services for the full grant period,

**Please be aware that the State Primary Care Grants Program
is a competitive program and an Application to the Program
does not guarantee an award or future funding.**



Office of Primary Care and Rural Health

Mailing Address: P.O. Box 142005 • Salt Lake City, Utah 84114-2005
<http://health.utah.gov/primarycare>

Letter to Potential Project Applicants to the State Primary Care Grants Program
Subject: State Primary Care Grants Program for Medically Underserved Populations
Process for State Fiscal Year 2009-2010

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- ✓ **Must** ensure that continuity of services is maintained for the full duration of the grant period,
- ✓ **Must** assure that funding used for primary care services are provided **ONLY** to legal residents of the State of Utah.

UPDATE - 04/22/2009

Per a request from legal counsel, we have been asked to add the following statement:

- ✓ **Must** certify that grantee's use of funds received through this grant program is in compliance with Utah Code Annotated, 63G-11-104, enacted by Senate Bill 81 Illegal Immigration 2008 General Session as amended."

Please be aware that we are seeking legal counsel on the impact of Senate Bill 81. Beginning July 1, 2009 Senate Bill 81 would require that ONLY U.S. citizens who reside in the State of Utah be eligible for funding or services under the State Primary Care Grants Program. A legal Utah resident: lived in Utah for the entire year, even if temporarily outside of Utah for an extended length of time; lived in Utah for any length of time during the taxable year; or maintains a permanent home in Utah, even if they lived outside Utah, and spent a total of 183 or more days of the taxable year in Utah. This does not apply to military personnel or their spouses who are in Utah on military assignment

A complete, **UNBOUND**, original Application must be submitted to our Office by **Thursday, May 14, 2009**.

The information must be submitted by U.S. Mail or hand delivered to **(faxed copies will NOT be accepted)**:

Mailing Address:

Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005

Street Address for Hand Delivery:

Office of Primary Care and Rural Health
Utah Department of Health
3760 South Highland Drive, Suite 404
Salt Lake City, Utah 84106

DO NOT MAIL TO STREET ADDRESS.

Note that Applications that are incomplete, submitted after the deadline, or requesting more funding than they are eligible to request may be delayed or denied review. Applicants should pay particular attention to the quality of your narrative, and assure that your Application is clear, succinct, and answers all of the points listed in the Application.

Final Award Decisions are expected to be announced the week of June 15th, 2009. Applicant agencies will be provided decisions through email and written correspondence to the email address and mailing address listed on the State Primary Care Grants Program application.

If you have any questions on the Application, please contact Don Beckwith at 801-273-6619, dbeckwith@utah.gov, or Erin Olsen at 801-273-6618, elolsen@utah.gov. Please remember that our offices are closed on Fridays.

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<http://health.utah.gov/primarycare>

**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Application Instructions Checklist

A COMPLETE ORIGINAL APPLICATION must be submitted by **Thursday, May 16, 2009**, to the Office of Primary Care and Rural Health.

The Application must be submitted by U.S. Mail or hand delivered (**faxed copies will NOT be accepted**):

U.S. Mail Delivery Address:
Office of Primary Care and Rural Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005.

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Office of Primary Care and Rural Health
Utah Department of Health
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Applications that are incomplete, submitted after the deadline, or requesting more funding than they are eligible to request may be delayed or denied review.

NOTE

- ✓ Applicants should review the “Definitions Used by the State Primary Care Grants Program.” This information is attached to this packet and also listed on our web site at:
<http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Definitions.pdf>
- ✓ Applicants should also review the “Detailed Criteria for Scoring” applications to the State Primary Care Grants Program. This information is attached to this packet and also listed on our web site at:
<http://health.utah.gov/primarycare/pdfs11-00/PrimaryCare/SPCG-Scoring.pdf>

Funding from the State Primary Care Grants Program **CAN NOT** be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.

Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance **MAY** be considered, **IF** the primary care services and costs are clearly detailed and listed in the Application.

State Primary Care Grants Program funding **CAN ONLY BE USED** to provide primary care services to United States Citizens AND legal residents of the State of Utah.

ONLY Private Non-Profit Agencies and Public Entities are eligible for funding
(Section 26-17-302(1), UCA).

STATE PRIMARY CARE GRANTS PROGRAM FOR MEDICALLY UNDERSERVED POPULATIONS

State Fiscal Year 2009-2010 Application Instructions Checklist

CHECKLIST FOR SUBMITTAL

The **UNBOUND** original Application must be submitted in the following order:

*Please note: A cover letter is **not** necessary.*

- ☐ Proposed Project Summary Sheet, completed.
- ☐ Proposed Project Application *Narrative Questions*, Proposed Project Applications that fail to adequately answer ALL questions will NOT be considered for review. Responses to the Proposed Project Application *Narrative Questions* should be NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and Applicant Agency within the top one inch margin.
- ☐ Proposed Project Services to be Provided list, completed.
- ☐ Proposed Project Projections forms, completed.
- ☐ Proposed Project Sliding Fee Scale used to determine *actual fee to be charged to clients*. Please include a copy of the Sliding Fee Scale that a client uses to determine charges. *If the Proposed Project Applicant does not require their clients to pay a co-payment, please explain why.* **DO NOT INCLUDE ACTUAL LIST OF FEES CHARGED PER PROCEDURE.**
- ☐ Agency Balance Sheet and Annual Report. Please include a copy of your agency's most recent Audited Annual Report (**UNBOUND**), with your one (1) page Balance Sheet **on top** of the Audited Annual Report.
- ☐ Agency Proof of Non-Profit Status. **ALL** agencies must supply a copy of proof of non-profit status. Proof of non-profit status can include, but is not limited to, correspondence from the Internal Revenue Service determining your exemption from federal income tax under section 501 (a) of the Internal Revenue Code as an organization described in section 501 (c) (3).
- ☐ Taxpayer Identification Number. **ALL** Applicant Agencies **MUST** supply a currently dated and completed W-9 form, "Request for Taxpayer Identification Number and Certification." The form is available from the Internal Revenue Service (IRS) web site at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- ☐ Grantee Assurances. **ALL** Applicant Agencies **MUST** supply a currently dated and completed "Grantee Assurances for Subgrantees to the Utah Department of Health." The three (3) page form is available in this packet right before the attachments listing.
- ☐ Proposed Project Application Instructions Checklist. Please include this completed Checklist with your **UNBOUND** original Application.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Proposed Project Application Narrative Questions

The responses to the items listed below for the Proposed Project Application should be **UNBOUND**, NO MORE than four (4) pages total with one inch margins. The font should NOT be smaller than 10-point. Lines should be double-spaced. The count of the four (4) pages total *does not include* the required forms that must be included with the Proposed Project Application (see Application Instructions Checklist). Each narrative question must be answered in the order presented. Each page should be numbered and have the name of the Proposed Project and the name of the Agency applying for funding. Please be concise and succinct with your responses. Note that the Proposed Project budget narrative (described on the following page) is separate from the Proposed Project Application. Proposed Project Applications that are submitted after the deadline may be delayed or denied review.

Each question must be answered and numbered in the following order:

1. **SUMMARY PARAGRAPH DESCRIBING THE PARENT AGENCY.** Briefly describe the parent agency of the Proposed Project. Paragraph should include: Agency mission, goals, and objectives; how the Agency is managed (county owned, managed by a board or commission, etc.); length of time Agency has been established (been in business); and populations served by Agency. *This section is for Agency information, not Proposed Project information.*

The following questions must be answered for the Proposed Project, not for the parent agency.

2. **PROPOSED PROJECT TARGET POPULATION(S):** Briefly describe the medically underserved population(s) that the Proposed Project objective(s) will serve **and** include an assessment of need for this population.
3. **PROPOSED PROJECT OBJECTIVES:** Provide specific, measurable objective(s), as well as proposed activities, outcomes, and measures for each Proposed Project objective. Please assure to describe the Proposed Project objectives that you are requesting funding for, **not** the objectives of your entire Agency.
4. **PROPOSED PROJECT EVALUATION/QUALITY REVIEW:** Provide a brief description of the evaluation/quality review program that your Agency will use for the Proposed Project objective(s). Evaluation/quality review programs, may include but are not limited to, the capacity to examine topics such as patient satisfaction and access; quality of clinical care; quality of the work force and work environment; cost and productivity; and health status outcomes.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Proposed Project Application Narrative Questions

5. **PROPOSED PROJECT INNOVATION:** Provide a description of innovative aspects that your Agency will use to complete the Proposed Project objectives(s). Innovative aspects may include, but are not limited to: creating value out of new or different ideas, new products, new services, or new ways of doing things. These innovative aspects are determined based on whether they are new or different, efficient, and have significant benefit to the community and the underserved populations served by the Proposed Project.
6. **PROPOSED PROJECT COLLABORATION:** Provide information about any existing or future partnerships, collaborative efforts, use of volunteers, or other resources that your Agency will use to complete the Proposed Project objective(s).
7. **PROPOSED PROJECT SUSTAINABILITY OF FUNDING:** Provide a plan of financing for the target population(s), *if State Primary Care Grants Program funding were no longer available*. Also provide evidence of "Other Sources of Funding" for the primary care services provided by your Proposed Project (e.g., funding from the Utah Department of Health, Cardiovascular Program, for blood pressure screening).
8. **PROPOSED PROJECT BUDGET NARRATIVE:** Before reviewing and submitting a Budget and Budget Narrative, Applicant Agencies should review Attachment F, "2009-2010 Maximum Eligible Application Amount by Agency and Project." 2009-2010 *State Primary Care Grants Program* applications will not be considered if the Applicant Agency applies for more funding than they are eligible to apply for.

Please provide a brief Proposed Project budget narrative. The Proposed Project budget narrative must explain each Line Item Category of the Proposed Project budget (see the Proposed Project Summary Sheet on the following page). Briefly describe the personnel who will oversee and/or complete Proposed Project activities. Explain other sources of funding included in the Proposed Project budget, such as grants, third party payments (e.g., CHIP, Medicaid, Medicare, PCN,, other public health care coverage, private insurance), donations, etc.

Please be aware that Equipment and Travel costs **will not** be covered by State Primary Care Grants Program funding.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

IDENTIFYING INFORMATION	
Title of Proposed Project: <i>(Please provide descriptive title)</i>	
Name of Agency:	
Contact Name <u>and</u> Title:	
Mailing Address:	
Street Address (if different than mailing address):	
City, State, Zip:	
Telephone:	Fax:
Email Address:	Tax Identification Number:

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Proposed Project Summary Sheet

Name of Applicant Agency _____

Name of Proposed Project _____

PROPOSED PROJECT SUMMARY INFORMATION Proposed Project budgets should be for the period July 1, 2009 through June 30, 2010		
Dollar Amount for Proposed Project: \$		
PROPOSED PROJECT EXPECTS TO SERVE:	Number of Proposed Project "Users" ² : _____ The number of medically underserved individuals the State Primary Care Grants Program Proposed Project expects to serve.	Number of Proposed Project "Encounters" ¹ : _____ The number of "encounters" that the Proposed Project expects to provide (over and above the Agency's baseline encounters).
The Precise Boundaries of the Area to be Served by the Proposed Project [you <u>MUST</u> specify the City(s) and/or County(ies)]. <u>Note</u> Answer Required:		

PROPOSED PROJECT SUMMARY INFORMATION Proposed Project budgets should be for the period July 1, 2009 through June 30, 2010			
Line Item Category	Column A	Column B	Column C Column A + Column B = Column C
	Proposed Project Requested Funding	Other Sources of Project Funding	Total Project Funding
Salary & Fringe Benefits	\$	\$	\$
Travel	\$ NA	\$	\$
Equipment	\$ NA	\$	\$
Supplies	\$	\$	\$
Contractual	\$	\$	\$
Total Costs	\$	\$	\$

¹ "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

² "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

³ "Eligible Individual" is defined as is: low income at or below 200 percent of the federal poverty level, or without health insurance including CHIP and Medicaid, or without health insurance that covers primary health care services, or without health insurance that covers a particular primary health care service; has not received primary health care services on an uncompensated basis in the last 24 months; and is a U.S. Citizen AND a resident of the State of Utah.

**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**
State Fiscal Year 2009-2010 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>		
SERVICE TYPE		COLUMN A
Primary Medical Care Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	General Primary Medical Care	
	Diagnostic Laboratory	
	Diagnostic X-ray	
	Diagnostic Tests/Screens/Analysis	
	Family Planning	
	Following Hospitalized Patients	
	HIV Testing	
	Immunizations	
	Mammography	
	Tuberculosis Therapy	
	Urgent Medical Care	
	24 Hour Coverage	
OB/GYN Care <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Gynecologic Care	
	Pap Smear	
	Obstetric Care	
	Prenatal Care	
	Labor and Delivery Professional Care	
	Postpartum Care	
Dental Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Preventive	
	Restorative	
	Emergency	

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**
State Fiscal Year 2009-2010 Proposed Project Services to be Provided

Name of Applicant Agency _____

Name of Proposed Project _____

Proposed Project Services To Be Provided		
In Column A, please check (✓) all corresponding services that the Proposed Project expects to provide to eligible individuals. <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>		
SERVICE TYPE		COLUMN A
Mental Health Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Mental Health Treatment/Counseling	
	Developmental Screening	
	24 Hour Crisis Intervention/Counseling	
	Other Mental Health Services	
	Substance Abuse Treatment/Counseling	
	Other Substance Abuse Services	
Other Professional Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Hearing Screening	
	Nutrition Services Other than WIC (Women, Infants, and Children Supplemental Nutrition Program)	
	Occupational/Vocational Therapy	
	Physical Therapy	
	Pharmacy Services	
	Vision Screening	
Enabling Services <i>Please note Proposed Project services ONLY, NOT Agency-wide services.</i>	Case Management	
	Child Care (during visit to clinic)	
	Discharge Planning	
	Health Education	
	Home Visiting	
	Interpretation/Translation Services	
	Nursing Home and Assisted-Living Placement	
	Outreach	
	Parenting Education	
	Transportation	

¹ "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

² "Users" are defined as Eligible Individuals, and means any person, or member of a family, served by the Awarded agency and receives at least one face-to-face encounter.

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Proposed Project Projections
Projections for Period: July 1, 2009 thru June 30, 2010

Name of Applicant Agency _____

Name of Proposed Project _____

1. Expected "Encounter" ¹ information, for the period 07/01/2009 through 06/30/2010

BASELINE DATA FOR YOUR AGENCY	PROPOSED PROJECT
<i>Agency-wide data, NOT Proposed Project data</i>	Expected Proposed Project "<u>Encounters</u>" ¹
Total number of "encounters" ¹ for <u>your Agency's</u> most recent fiscal year	Total number of Proposed Project patient "encounters" ¹ 07/01/2009 through 06/30/2010

PLEASE USE BEST ESTIMATES (PROJECTIONS) OF "USERS" EXPECTED TO BE SERVED BY YOUR PROPOSED PROJECT.

2. Expected Proposed Project "Users" ² by Age, for the period 07/01/2009 through 06/30/2010

Age Groups	Number of Proposed Project "Users" ²
0 - 19	
20 - 64	
65 and over	
Total Proposed Project "Users" ²	

3. Expected Proposed Project "Users" ² by Income Level, for the period 07/01/2009 through 06/30/2010

Percent of Poverty Level	Number of Proposed Project "Users" ²
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Proposed Project "Users" ²	

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**STATE PRIMARY CARE GRANTS PROGRAM
FOR MEDICALLY UNDERSERVED POPULATIONS**

State Fiscal Year 2009-2010 Proposed Project Projections
Projections for Period: July 1, 2009 through June 30, 2010

Name of Applicant Agency _____

Name of Proposed Project _____

4. Expected Total Proposed Project “Users”² by Insurance Status, for the period 07/01/2009 through 06/30/2010

Number of Proposed Project “Users”² Uninsured	Number of Proposed Project “Users”² Underinsured

5. Expected Proposed Project “Users”² by Members of Race/Ethnicity Who Suffer Health Care Disparities (see “Definitions” of underinsured and uninsured), for the period 07/01/2009 through 06/30/2010

Race/Ethnicity	Number of Proposed Project “Users”²
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Hispanic or Latino	
Total Proposed Project “Users”² by Race/Ethnicity	

Total Proposed Project “Users”²	
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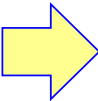
¹ "Encounter" means a face-to-face contact between an eligible individual and the awarded Agency's health care provider who exercises independent judgement in the provision of primary care services to the eligible individual and where the services provided under the Proposed Project are rendered and recorded in the eligible individual's record.

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CONTRACTOR/GRANTEE ASSURANCES MADE TO THE UTAH DEPARTMENT OF HEALTH

The assurances given below are material representations of fact upon which reliance is placed in entering into Contracts or Grants with the Utah Department of Health. As the duly authorized representative of the proposed Contractor or Grantee, I certify that the legal business name and form of the proposed Contractor or Grantee is as follows (check all that apply):


 Business Name: _____
 Address: _____
 Phone Number: _____

- 
☐ Local Public Procurement Unit under the Utah Procurement Code (UCA § 63-56-105)
☐ College or University ☐ Indian Tribal Government ☐ Other Governmental Entity (describe):
☐ Sole Proprietor/Individual ☐ Professional Corporation
☐ For-profit Corporation ☐ Non-profit Corporation (I.R.C. § 501(c)(3))
☐ Partnership ☐ Limited Partnership
☐ Limited Liability Company ☐ Association/Consortium (describe):

I certify that the proposed Contractor or Grantee:

1. has completed Internal Revenue Service form W-9, Request for Taxpayer Identification Number and Certification, and is attached to this document. Electronic copy of this document is available at the following web address:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in the Contract(s) or Grant(s) with the Utah Department of Health and has in place the fiscal control and accounting procedures sufficient to meet the financial reporting, accounting records, internal control, budget control, allowable cost, source documentation, and cash management requirements of the federal OMB Common Rule § 20(b)(1) through (7), or federal OMB Circular A-110, Attachment F - Standards for Financial Management Systems as cited in Table 1 depending upon the appropriate business form of the Contractor or Grantee.
3. shall comply with all applicable federal and State of Utah regulations concerning cost principles, audit requirements, and grant administration requirements, cited in Table 1. All federal and state principles and requirements cited in Table 1 are available on the Web at the addresses indicated, and by signing this document the proposed Contractor or Grantee acknowledges receipt of these documents.

Table 1

Federal and State Principles and Requirements				
Proposed Contractor or Grantee	Cost Principles	Federal Audit Requirements	State Audit Requirements	Grant Admin. Requirements
State or Local Govt. & Indian Tribal Govts	OMB Circular A-87	OMB Circular A-133	SULCAG	OMB Common Rule (Circular A-102)
Hospitals	45 CFR 74	OMB Circular A-133	SULCAG	OMB Common Rule or Circular A-110
College or University	OMB Circular A-21	OMB Circular A-133	SULCAG	OMB Circular A-110
Non-Profit Organization	OMB Circular A-122	OMB Circular A-133	SULCAG	OMB Circular A-110
For Profit Organization	48 CFR 31	n/a	n/a	OMB Circular A-110
Document OMB Circulars OMB Common Rule CFRs SULCAG	Web Address http://www.whitehouse.gov/omb/circulars/index.html http://www.whitehouse.gov/omb/grants/attach.html http://www.access.gpo.gov/nara/cfr/cfr-table-search.html http://www.sao.state.ut.us/resources/resources-lg.htm			

a. Unless specifically exempted in the Contract's or Grant's special provisions, the proposed Contractor or Grantee must comply with applicable federal cost principles and grant administration requirements if state funds are received. If a Contract or Grant is awarded, the Contractor or Grantee shall also provide the Department with a copy of all reports required by the State of Utah Legal Compliance Audit Guide (SULCAG) as defined in Chapter 2a, Title 51, UCA. A Contractor or Grantee who receives federal, state, or local government funds may be subject to federal and State of Utah reporting and audit requirements. Copies of required reports shall be sent to the Utah Department of Health, Bureau of Financial Audit, Box 144002, Salt Lake City, Utah 84114-4002.

b. Federal audit requirements demand that organizations that expend \$500,000 or more in a year in federal financial assistance shall have a single or program specific audit conducted for that year. SULCAG requires the filing of reports with the State Auditor by all counties, cities, towns, school districts, and non-profit corporations that receive at least 50 percent of its funds from federal, state, or local government entities. The Contractor or Grantee will assure compliance with these requirements and will initiate the process by providing the following data:

1. Contractor's or Grantee's accounting year:

From _____ To _____

2. Funding projected from Federal, State, or Local governments:

Amount \$ _____ Percent of Total Revenues _____%

3. Single Audit:

Performed last year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Required for current year	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Contractor's or Grantee's representative for financial matters:

Name _____

Title _____ Phone No. _____

4. has established safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
5. shall comply with all applicable requirements of all other laws, executive orders, regulations and policies governing this program.
6. to the best knowledge and belief of the proposed Contractor or Grantee and its principals, the proposed Contractor or Grantee and its principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any Federal Department or Agency (<http://epls.gov>);
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 6(b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default;

By submitting this proposal, the proposed Contractor or Grantee agrees to include without modification the clauses contained in paragraph 6(a) through (d) with subgrantees or contractors, in all lower tier covered transactions and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the proposed Contractor or Grantee not be able to provide this certification, an explanation, signed by the proposed Contractor or Grantee as to why certification cannot be provided, should be attached to this document.

7. is in compliance with government-wide guidance on lobbying restrictions (31 U.S.C. § 1352) and that:
- a. no federal funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the


awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.


- b. if any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the Contractor or Grantee shall complete and submit Federal Standard Form LLL, "Disclosure Form to report Lobbying," in accordance with its instructions.

8. has disclosed all public officers or employees who are related parties to the proposed Contractor or Grantee. As used in this paragraph, "related parties" means any person related to the proposed Contractor or Grantee by blood, marriage, partnership, common directors or officers, or 10% or greater direct or indirect ownership in a common entity. (Disclosure is to be made by attaching a separate sheet to this document listing all public officers and employees who are related parties to the proposed Contractor or Grantee.)
9. has complied with the Public Officers' and Employees' Ethics Act, § 67-16-10, UCA, which prohibits actions that may create or that are actual or potential conflicts of interest. It also provides that "no person shall induce or seek to induce any public officer or public employee to violate any of the provisions of this act."

.....

AUTHORIZED AGENT OF PROPOSED CONTRACTOR OR GRANTEE


 _____
Signature Date

 STATE OF _____ |
COUNTY OF _____ | SS.


On this _____ day of _____, 20____, _____ personally appeared
before me and executed the above certification in my presence.

 _____
NOTARY PUBLIC
Residing at: _____
My Commission Expires: _____


If the proposed Contractor or Grantee is a corporation the following Corporate Acknowledgment must be completed.

 I, _____, certify that the following are authorized agents of _____
(Corporate Secretary) (Name of Corporation)

and are duly authorized by authority of said corporation to sign the above assurances and the Contract or Grant on behalf of the corporation.

 _____
(Authorized Agent of Corporation **) Title
Print or Type: Name and Title

(Authorized Agent of Corporation **) Title

 _____
Corporate Secretary Signature date

** (Note: authorized agent of Corporation must not be Corporate Secretary)

CORPORATION SEAL

ATTACHMENTS

- ATTACHMENT A **Determination of 200% of Poverty Table**
- ATTACHMENT B **Utah Code Annotated, 26-18, Part 3**
- ATTACHMENT C **Utah Administrative Code, R434-30**
- ATTACHMENT D **Definitions Used for the State Primary Care Grants Program**
- ATTACHMENT E **State Primary Care Grants Program Reviewer Score Sheet and Criteria**
- ATTACHMENT F **2009-2010 Maximum Eligible Application Amount by Agency and Project**

ATTACHMENT A
DETERMINATION OF 200% OF POVERTY TABLE

2009 Federal HHS Poverty Guidelines				
Persons in Family Unit	100% Federal Poverty Guidelines		200% Federal Poverty Guidelines	
	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$10,830	\$903	\$21,660	\$1,805
2	\$14,570	\$1,214	\$29,140	\$2,428
3	\$18,310	\$1,526	\$36,620	\$3,052
4	\$22,050	\$1,838	\$44,100	\$3,675
5	\$25,790	\$2,149	\$51,580	\$4,298
6	\$29,530	\$2,461	\$59,060	\$4,922
7	\$33,270	\$2,773	\$66,540	\$5,545
8	\$37,010	\$3,084	\$74,020	\$6,168
Each Additional Family Member	\$3,740	\$312	\$7,480	\$623

Federal Register, Volume 74, Number 14, January 23, 2009, pages 4199-4201; and as amended.

ATTACHMENT B
UTAH CODE ANNOTATED, 26-18, PART 3

TITLE 26, CHAPTER 18
MEDICAL ASSISTANCE ACT

PART 3
ACCESS TO HEALTH CARE

26-18-301. Definitions.

As used in this part:

- (1) "Medically underserved population" means the population of an urban or rural area or a population group designated by the department as having a shortage of primary health care services.
- (2) "Primary health care" means:
 - (a) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - (b) care given for the management of chronic diseases.
- (3) "Primary health care services" include, but are not limited to:
 - (a) services of physicians, all nurses, physician assistants, and dentists licensed to practice in this state under Title 58;
 - (b) diagnostic and radiologic services;
 - (c) preventive health services including, but not limited to, perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - (d) emergency medical services;
 - (e) preventive dental services; and
 - (f) pharmaceutical services.

26-18-302. Department to award grants - Applications.

- (1) Within appropriations specified by the Legislature for this purpose, the department may make grants to public and nonprofit entities for the cost of operation of providing primary health care services to medically underserved populations.
- (2) Grants by the department shall be awarded based on applications submitted to the [department in the manner and form prescribed by the department and by Section 26-18-303](#). The application shall contain a requested award amount, budget, and narrative plan of the manner in which the applicant intends to provide the primary care services described in this chapter.

ATTACHMENT B
UTAH CODE ANNOTATED, 26-18, PART 3

TITLE 26, CHAPTER 18
MEDICAL ASSISTANCE ACT

PART 3
ACCESS TO HEALTH CARE

- (3) Applicants under this chapter must demonstrate to the department that they will operate in a manner such that no person shall be denied service by reason of his inability to pay. This does not preclude the applicant from seeking payment from the patient, a third party, or government agency that is authorized or that is under legal obligation to pay such charges.

26-18-303. Content of applications.

Applications for grants under this chapter shall include:

- (1) a statement of specific, measurable objectives, and the methods to be used to assess the achievement of those objectives;
- (2) the precise boundaries of the area to be served by the entity making the application, including a description of the medically underserved population to be served by the grant;
- (3) the results of an assessment of need demonstrating that the population to be served has a need for the services provided by the applicant;
- (4) a description of the personnel responsible for carrying out the activities of the grant along with a statement justifying the use of any grant funds for the personnel;
- (5) letters and other forms of evidence showing that efforts have been made to secure financial and professional assistance and support for the services to be provided under the grant;
- (6) a list of services to be provided by the applicant;
- (7) the schedule of fees to be charged by the applicant;
- (8) the estimated number of medically underserved persons to be served with the grant award; and
- (9) other provisions as determined by the department.

26-18-304. Process and criteria for awarding grants.

The department shall establish rules in accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking Act, governing the application form, process, and criteria it will use in awarding grants under this chapter. In awarding grants, the department shall consider the extent to which the applicant:

- (1) demonstrates that the area or a population group to be served under the application has a shortage of primary health care and that the services will be

ATTACHMENT B
UTAH CODE ANNOTATED, 26-18, PART 3

TITLE 26, CHAPTER 18
MEDICAL ASSISTANCE ACT

PART 3
ACCESS TO HEALTH CARE

located so that they will provide assistance to the greatest number of persons residing in such area or included in such population group;

- (2) utilizes other sources of funding, including private funding, to provide primary health care;
- (3) demonstrates the ability and expertise to serve traditionally medically underserved populations including persons of limited English-speaking ability, single heads of households, the elderly, persons with low incomes, and persons with chronic diseases;
- (4) demonstrates that it will assume financial risk for a specified number of medically underserved persons within its catchment area for a predetermined level of care on a prepaid capitation basis; and
- (5) meets other criteria determined by the department.

26-18-305. Report on implementation.

The department shall report to the Health and Environment Interim Committee by November 1, 1994, and every year thereafter on the implementation of the grant program for primary care services. The report shall include a description of the scope and level of coverage provided to low-income persons by primary care grant programs and by the medical assistance program established in Section 26-18-10. The report shall also include recommendations to minimize the loss of revenue by hospitals that serve a disproportionate share of persons under Section 26-18-10.

ATTACHMENT C
UTAH ADMINISTRATIVE CODE, R434-30

- R434. Health Systems Improvement, Primary Care and Rural Health.
- R434-10. Rural Medical Financial Assistance.
- R434-30. Primary Care Grants Program for Medically Underserved Populations.
- R434-30-1. Authority and Purpose.
- R434-30-2. Definitions.
- R434-30-3. Grant Application Process and Form.
- R434-30-4. Additional Criteria for Awarding Grants.

R434-30-1. Authority and Purpose.

This rule is required by Section 26-18-304. It implements the primary care grants program for medically underserved populations under Title 26, Chapter 18, Part 3.

R434-30-2. Definitions.

Terms used in this rule are defined in Section 26-18-301.

R434-30-3. Grant Application Process and Form.

The department shall solicit grant applications by issuing a request for grant applications. Applicants responding to the request for grant applications under this program shall submit their application as directed in the grant application guidance issued by the department.

R434-30-4. Additional Criteria for Awarding Grants.

- (1) In addition to the criteria listed in Section 26-18-304, the department shall consider:
- (a) the reasonableness of the cost of the services to be given;
 - (b) degree to which primary health care services are provided comprehensively, extent to which supplemental services are provided, and extent to which services are conveniently located;
 - (c) demonstrated ability and willingness of applicant to systematically review the quality of care;
 - (d) commitment of applicant to sustain or enhance primary health care capacity for underserved, disadvantaged, and vulnerable populations; and
 - (e) degree to which the application is feasible, clearly described, and ready to be implemented.

ATTACHMENT D
DEFINITIONS USED FOR THE STATE PRIMARY CARE GRANTS PROGRAM

Definitions from 26-18-301, Utah Code Annotated:

1. "Medically underserved population" means the population of an urban or rural area or a population group designated by the department as having a shortage of primary health care services.
2. "Primary health care" means:
 - a. basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - b. care given for the management of chronic diseases.
3. "Primary health care services" include, but are not limited to:
 - a. services of physicians, all nurses, physician assistants, and dentists licensed to practice in this state under Title 58;
 - b. diagnostic and radiologic services;
 - c. preventive health services including, but not limited to, perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - d. emergency medical services;
 - e. preventive dental services; and
 - f. pharmaceutical services.

Other Definitions, as Determined by the Utah Department of Health:

1. "Children who have insurance" means individuals who are age 18 years old and under and who are eligible for CHIP, Medicaid, other public health care coverage, or private insurance either on their own or through their parent's health care coverage.
2. "Children who are not eligible for Medicaid or CHIP" means individuals who are age 18 years old and under:
 - a. Who have applied for CHIP coverage and have been denied, or
 - b. Whose parents refuse to apply for CHIP for their children, or
 - c. Who have been informed that they have lost their Medicaid or CHIP coverage, or
 - d. Who are served before CHIP begins accepting applications, or
 - e. Who receive a service not covered by CHIP, Medicaid, other public health care coverage, or private insurance.
3. "CHIP" means the State of Utah Children's Health Insurance Program.
4. "Eligible individual" or "User" means any person, or member of a family, served by the Awarded agency, who is a Medically Underserved individual, as defined in section 8.

ATTACHMENT D
DEFINITIONS USED FOR THE STATE PRIMARY CARE GRANTS PROGRAM

5. "Encounter" means a face-to-face contact between an eligible individual and the Awarded agency's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.
6. "Equipment" is defined as capital equipment costing \$1,000 or more; has a life span of three years or more; is non-expendable material; is not consumed; and/or a group of items costing less than \$1,000 each, when combined make up one functional unit with a combined cost of \$1,000 or greater is considered one piece of equipment (e.g. microscope components). Equipment is not eligible for funding under the State Primary Care Grants Program.
7. "Low income" is defined as including individuals at or below 200 percent of poverty level as established annually by the Department of Health and Human Services and published annually.
8. "Medically underserved individual" includes members of those populations listed in Utah Code, 26-18-301, et. seq., or who:
 - a. Is low income, as defined in section 7, and either;
 - 1) Does not have health insurance, including CHIP and Medicaid, or
 - 2) Does not have health insurance that covers primary health care services, or
 - 3) Does not have health insurance that covers a particular primary health care service provided by the Awarded agency; and
 - b. *Resides in the State of Utah.*
9. "Primary health care" means:
 - a. Basic and general health care services given when an individual seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; or
 - b. Care given for the management of chronic diseases.
10. "Primary health care services" means those services listed in Utah Code, 26-18-301, et. seq., and in the Grant Application Guidance for the State Primary Care Grants Program for Medically Underserved Populations.
11. "Project" or "Proposal" refers to that portion of the Awarded agency's approved application funded through the State Primary Care Grants Program, and is incorporated into this GRANT by reference.
12. "Quality of Care" means a demonstrated ability and willingness of the awarded agency to systematically review the quality of care.
13. "Referral to CHIP" means that an individual who is age 18 years old and under or parents of an individual age 18 years old and under has been informed of the availability of Medicaid and CHIP and provided information to contact the DEPARTMENT, Bureau of Eligibility Services local office, outreach location, or telephone unit for determination of their eligibility for Medicaid or CHIP.
14. "Sliding fee scale" means a patient co-payment or fee per clinical visit, which varies by income and other variables, such as family size, as determined by the Awarded agency.

ATTACHMENT D
DEFINITIONS USED FOR THE STATE PRIMARY CARE GRANTS PROGRAM

15. "State Primary Care Grants Program" means the program implemented under Utah Code, 26-18-301, et. seq.; Utah Administrative Code, R434-30; and the Grant Application Guidance for the State Primary Care Grants Program for Medically Underserved Populations.
16. "Target population" means one or more of the following populations: children; elderly; homeless; individuals with chronic diseases; individuals with limited English speaking proficiency; Native Americans; seasonal and migrant farm, agricultural, or ranch workers; single head of household; working poor; and other eligible populations.
17. "Underinsured" means individuals with public or private insurance policies that do not cover all necessary health care services, resulting in out-of-pocket expenses that exceed their ability to pay; and/or individuals which:
 - a. are unable to afford health insurance;
 - b. are denied paid health care from work;
 - c. are denied full coverage plans from work;
 - d. have health insurance plans which only cover the worker and not the family or extended family; and/or
 - e. have insurance plans with unreasonably high deductibles or co-insurance.
18. "Uninsured" means individuals who lack public or private insurance.
19. "Working poor" means individuals with low income and without health insurance or not insured for primary health care services.

Applicant Agencies should also note the following Definition and Policies:

1. Applicants should be aware that it is the policy of the Utah Department of Health that agencies awarded under the State Primary Care Grants Program will use awarded funding to provide primary care services for the full grant period, and will ensure that continuity of services is maintained for the full duration of the grant period.
2. Funding from the State Primary Care Grants Program can not be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.
3. Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance may be considered, if the primary care services and costs are clearly detailed and listed in the Application.
4. Applicants should be aware that State Primary Care Grants Program funding CAN ONLY BE USED to provide primary care services to United States Citizens AND legal residents of the State of Utah. A legal Utah resident: lived in Utah for the entire year, even if temporarily outside of Utah for an extended length of time; lived in Utah for any length of time during the taxable year; or maintains a permanent home in Utah, even if they lived outside Utah, and spent a total of 183 or more days of the taxable year in Utah. This does not apply to military personnel or their spouses who are in Utah on military assignment

ATTACHMENT E

STATE PRIMARY CARE GRANTS PROGRAM APPLICATION REVIEWER SCORE SHEET

Name of Project: _____ Name of Agency: _____ Type: - Dental - Mental Health - Primary Care - County(ies): _____	Total Points Possible	Total Points Awarded
REVIEWER SUMMARY SCORE SHEET		
Primary Care Ranking		
a. To what extent is the project providing primary care services?	0-2 points	
Narrative Question #1 - Summary Paragraph Describing the Parent Agency		
a. Applicant describes the parent Agency of the proposed project.	0 points	
Narrative Question #2 - Target Population		
a. Applicant describes the population being served by Project, as well as the population's need for the proposed service(s).	0-3 points	
Narrative Question #3 - Objectives (also review Proposed Project Services to be Provided sheets and Proposed Project Projections forms, Item #1 and Item #2)		
a. Are objectives doable, appropriate?	0-4 points	
b. Are objectives measurable?	0-1 points	
c. Proposed number of users and encounters are realistic, attainable.	0-2 points	
Narrative Question #4 - Evaluation/Quality Review		
a. Did applicant provide information on their evaluation/quality review program for the proposed project?	0-2 points	
Narrative Question #5 - Innovation		
a. Did applicant describe innovative aspects of the proposed project?	0-3 points	
Narrative Question #6 - Collaboration		
a. Applicant demonstrates collaborative efforts to achieve objective(s).	0-3 points	
Narrative Question #7 - Sustainability of Funding		
a. Did applicant provide a plan of financing for the target population; and evidence of other sources of funding for the proposed project?	0-3 points	
Narrative Question #8 - Budget Narrative (also review Proposed Project Summary Sheet)		
a. Do funding categories relate to proposed project needs, and are they reasonable and cost-effective?	0-4 points	
Question #9 - Users by Income Level (review Proposed Project Projections forms, Item #3)		
a. To what extent are the projected users at a low income level?	0-4 points	
Question #10 - Users by Insurance Status (review Proposed Project Projections forms, Item #4)		
a. To what extent are the projected users uninsured or under insured?	0-3 points	
Question #11 - Users by Race/Ethnicity (review Proposed Project Projections forms, Item #5)		
a. To what extent are projected users representative of under served races/ethnicities?	0-1 points	
Total Points	35 possible points	

ATTACHMENT E

STATE PRIMARY CARE GRANTS PROGRAM APPLICATION REVIEWER SCORE SHEET

Name of Project: _____ Name of Agency: _____ Type: - Dental - Mental Health - Primary Care - County(ies): _____		Total Points Possible	Total Points Awarded
DETAILED CRITERIA FOR REVIEWER SCORING			
Primary Care Ranking			
0 points = Project does not provide primary care - <i>Project is not eligible for funding.</i> 1 point = Project is providing a mix of primary and non-primary care 2 points = Project is clearly primary care		0-2 points	
Narrative Question #1 - Summary Paragraph Describing the Parent Agency			
a. Applicant describes the parent Agency of the proposed project. Response required to help reviewer better understand the Agency. (No determination criteria.)		0 points	
Narrative Question #2 - Target Population			
a. Applicant describes the population, as well as the population's need for the proposed service(s). (Three determination criteria: Geography, Cultural Barriers, and Lack of Other Sources of Care described.) 0 points = Poor or no description of the population to be served, poor or no determination criteria support the need for the project. 1 point = Description of population to be served included. One determination criteria clearly support the need for the project. 2 points = Good description of population to be served. Two determination criteria clearly support the need for the project. 3 points = Good description of population to be served. All three determination criteria clearly support the need for the project.		0-3 points	
Narrative Question #3 - Objectives (also review Proposed Project Services to be Provided sheets and Proposed Project Projections forms, Item #1 and Item #2)			
a. Are objectives doable, appropriate? (Four determination criteria: Clarity of objectives, are objectives doable [yes or no], are objectives realistic [yes or no]) 0 points = No objectives described. 1 point = Objectives are poorly written. 2 points = Objectives are well written. 3 points = Objectives are well written and two or more objectives meet at least one determination criterion. 4 points = Objectives are well written and two or more objectives meet all determination criteria.		0-4 points	
b. Are objectives measurable? (yes or no) 0 points = No 1 points = Yes		0-1 points	
c. Proposed number of users and encounters is realistic, attainable. (Reviewers confidence level in reviewing project attainability.) 0 points = Not confident that project is realistic, attainable. 1 point = Confident that project is realistic, attainable. 2 points = Highly confident that project is realistic, attainable.		0-2 points	
Narrative Question #4 - Evaluation/Quality Review			
a. Did applicant provide information on their evaluation/quality review program for the proposed project? (Two determination criteria: has an existing program in place [yes or no] or is in process of creating a program for this project [yes or no].) 0 points = Agency does not have an evaluation/quality review program. 1 point = Agency will create and implement an evaluation/quality review program for the proposed project. 2 points = Agency has an existing evaluation/quality review program for the proposed project.		0-2 points	
Narrative Question #5 - Innovation			
a. Did applicant describe innovative aspects of their proposed project? (Three determination criteria: New or different approach, effective [yes or no], efficient [yes or no].) 0 points = Project is not innovative or new. 1 point = Project is innovative and meets at least one determination criterion. 2 points = Project is very innovative and meets at least two determination criteria. 3 points = Project innovative aspects are highly likely to succeed and meet all determination criteria.		0-3 points	
Narrative Question #6 - Collaboration			
a. Applicant demonstrates collaborative efforts to achieve objective(s). (Two determination criteria: Number of partners and description of collaboration.) 0 points = No collaboration. 1 point = One partner, and collaboration described. 2 points = One to two partners, and collaboration well described.		0-3 points	

ATTACHMENT E

STATE PRIMARY CARE GRANTS PROGRAM APPLICATION REVIEWER SCORE SHEET

Name of Project: _____	Total Points Possible	Total Points Awarded
Name of Agency: _____		
Type: - Dental - Mental Health - Primary Care - County(ies): _____		
3 points = Three or more partners, and collaboration well described.		
Narrative Question #7 - Sustainability of Funding		
a. Did applicant provide a plan of financing for the target population (i.e. if State Primary Care Grant funding were no longer available); and evidence of other sources of funding for the proposed project? (Two determination criteria: Description of sustainability and evidence of other sources of funding.) 0 points = Not sustainable. 1 point = Possibly sustainable. 2 points = Probably sustainable, and provided evidence of other sources of funding. 3 points = Definitely sustainable, and provided evidence of other sources of funding.	0-3 points	
Narrative Question #8 - Budget Narrative (also review Proposed Project Summary Sheet - Page 4)		
a. Do funding categories relate to proposed project needs, and are they reasonable and cost-effective? (Three determination criteria: Costs relate to projects needs, costs are reasonable, and project is cost effective.) <u>Combined points for score:</u> 0 points = Project meets none of the criteria. 1 point = Project is cost effective. 1 points = Project costs are reasonable. 2 points = Project costs relate to Project needs are described.	0-4 points	
Question #9 - Users by Income Level (review Proposed Project Projections forms, Item #3)		
a. To what extent are the projected users at a low income level? (Determination criteria: populations served at 100% or below and/or 101 to 200% of federal poverty level.) 0 points = Populations served are not at low income level OR applicant provided no information. 1 point = 30% of population served are 100% or below and/or 101 to 200% of federal poverty level. 2 point = 31 to 49% of population served are 100% or below and/or 101 to 200% of federal poverty level. 3 points = 50% or more of population served are 100% or below and/or 101 to 200% of federal poverty level. 4 points = 75% or more of population served are 100% or below and/or 101 to 200% of federal poverty level.	0-4 points	
Question #10 - Users by Insurance Status (review Proposed Project Projections forms, Item #4)		
a. To what extent are the projected users uninsured or under insured? (Determination criteria: Percent of populations served that are uninsured or under insured.) 0 points = Less than 50% of populations served are uninsured and/or under insured (combined total). 1 point = 50% of populations served are uninsured and/or under insured (combined total). 2 points = 51 to 74% of populations served are uninsured and/or under insured (combined total). 3 points = 75% or more of populations served are uninsured and/or under insured (combined total).	0-3 points	
Question #11 - Users by Race/Ethnicity (review Proposed Project Projections forms, Item #5)		
a. To what extent are projected users representative of under served races/ethnicities? (Determination criteria: Populations served that are American Indian, African American, Pacific Islander, or Hispanic) 0 points = Less than 50% of populations served meet determination criteria. 1 points = 50% or more of populations served meet determination criteria.	0-1 points	
Total Points	35 possible points	
Maximum Eligible Funding 2009-2010: \$ _____ Comments: 		

ATTACHMENT F
2009-2010 Maximum Eligible Application Amount by Agency and Project

#	Name of Agency	Name of Project	Type of Project	Prior Award Amount	2009-2010 Eligible Application Amount
1	Bear Lake Community Health Center	Dental Services	Dental	\$ 28,300.00	\$ 28,300.00
2	Bear River Health Department	Mental Health Services	Mental Health	\$ 21,517.00	\$ 21,517.00
3	Bear River Health Department	Women's Health Care Program	Primary Care	\$ 12,375.00	\$ 12,375.00
4	Cache Valley Community Health Center	Dietary & Exercise Interventions	Primary Care	\$ 40,000.00	\$ 40,000.00
5	Carbon Medical Service Association, Inc.	Diabetes Project	Primary Care	\$ 49,378.00	\$ 49,378.00
6	Cedar City Community Clinic, Valley View Medical Center	Primary Care Project	Primary Care	\$ 49,275.00	\$ 49,275.00
7	Central Utah Public Health Department	Central Smiles	Dental	\$ 50,000.00	\$ 50,000.00
8	Central Utah Public Health Department	Knock Out Whooping Cough	Primary Care	\$ 15,000.00	\$ 15,000.00
9	Central Utah Public Health Department	Women's Access to Care	Primary Care	\$ 15,000.00	\$ 15,000.00
10	Centro de la Familia de Utah	Non-Funded Dental Services	Dental	\$ 18,900.00	\$ 18,900.00
11	Community Health Centers, Inc.	Immunization & Diabetes Project	Primary Care	\$ 116,595.00	\$ 50,000.00
12	Community Health Centers, Inc.	Oral Health Care for Uninsured Children	Dental	\$ 50,000.00	\$ 50,000.00
13	Community Health Connect	Primary Care Referral Project	Primary Care	\$ 47,340.00	\$ 47,340.00
14	Davis Behavioral Health	Davis Recovery Center, Farmington Office	Mental Health	\$ 50,000.00	\$ 50,000.00
15	Davis County Medical Clinic, Midtown Community Health Center	Primary Care Services	Primary Care	\$ 50,000.00	\$ 50,000.00
16	Dixie State College of Utah	Dental Hygiene Outreach Program	Dental	\$ 18,000.00	\$ 18,000.00
17	Family Dental Plan, Bureau of Clinical Services, Div of Health Systems Improvement	Community Partnered Mobile Dental Services	Dental	\$ 47,219.00	\$ 47,219.00
18	Granite Education Foundation	Dental Care	Dental	\$ 6,375.00	\$ 6,375.00
19	Midtown Community Health Center	Mental Health Services	Mental Health	\$ 46,526.00	\$ 46,526.00
20	Midtown Community Health Center	Oral Health Project	Dental	\$ 20,736.00	\$ 20,736.00
21	Midvale Family Health Clinic	Be Healthy, Be Smart	Primary Care	\$ 12,132.00	\$ 12,132.00
22	Mountainlands Community Health Center *	Dental, Diabetes, & Prenatal Care Services	Dental&Primary Care	\$ 55,558.00	\$ 50,000.00

ATTACHMENT F
2009-2010 Maximum Eligible Application Amount by Agency and Project

#	Name of Agency	Name of Project	Type of Project	Prior Award Amount	2009-2010 Eligible Application Amount
23	National Alliance on Mental Illness	Whole Health Collaborative Project	Mental Health	\$ 50,000.00	\$ 50,000.00
24	Planned Parenthood Association of Utah	Health Screening for Hispanic Women	Primary Care	\$ 20,000.00	\$ 20,000.00
25	Salt Lake Donated Dental Services	Community Dental Project	Dental	\$ 19,480.00	\$ 19,480.00
26	Salt Lake Valley Health Department	Fluoride Varnish at South Main Clinic	Dental	\$ 19,679.00	\$ 19,679.00
27	San Juan Health Services District	Diabetes Clinic	Primary Care	\$ 28,301.00	\$ 28,301.00
28	Sealants for Smiles	Sealants for Smiles, Salt Lake County Sixth Grade Students	Dental	\$ 18,000.00	\$ 18,000.00
29	Southwest Utah Community Health Center *	Dental Services for Uninsured Adults	Dental	\$ 14,400.00	\$ 14,400.00
30	Southwest Utah Community Health Center *	Expansion of Primary Care Services	Primary Care	\$ 28,800.00	\$ 28,800.00
31	Southwest Utah Public Health Department	Smiles to Go	Dental	\$ 20,000.00	\$ 20,000.00
32	Southwest Utah Public Health Department	Stop the Cough (Pertussis)	Primary Care	\$ 20,000.00	\$ 20,000.00
33	Southwest Utah Public Health Department	Tuberculosis Control	Primary Care	\$ 50,000.00	\$ 50,000.00
34	Southwest Utah Public Health Department	Women's Access to Health Care	Primary Care	\$ 37,500.00	\$ 37,500.00
35	Summit County Health Department	Dental Care for Underserved Populations	Dental	\$ 20,000.00	\$ 20,000.00
36	The People's Health Clinic	Case Management	Primary Care	\$ 19,440.00	\$ 19,440.00
37	The Regence Caring Foundation for Children	Dental Program	Dental	\$ 12,960.00	\$ 12,960.00
38	Tooele County Health Department	Dental Services & Vaccinations WIC Nurse Project	Dental&Primary Care	\$ 20,000.00	\$ 20,000.00
39	Tooele County Health Department	Healthy Smiles Dental Clinic	Dental	\$ 39,800.00	\$ 39,800.00
40	Tricounty Health Department	Dental Clinic	Dental	\$ 29,166.00	\$ 29,166.00
41	University of Utah College of Nursing	Birthcare Healthcare	Primary Care	\$ 32,832.00	\$ 32,832.00
42	University of Utah Department of Obstetrics & Gynecology	Women's Health Services	Primary Care	\$ 24,482.00	\$ 24,482.00
43	Utah Navajo Health Systems, Inc.	Cardiovascular Project	Primary Care	\$ 45,931.00	\$ 45,931.00
44	Utah Navajo Health Systems, Inc.	Diabetes Control Project	Primary Care	\$ 37,588.00	\$ 37,588.00
45	Utah Navajo Health Systems, Inc.	Oral Health Project	Dental	\$ 45,180.00	\$ 45,180.00

ATTACHMENT F
2009-2010 Maximum Eligible Application Amount by Agency and Project

#	Name of Agency	Name of Project	Type of Project	Prior Award Amount	2009-2010 Eligible Application Amount
46	Utah Partners for Health	Mobile Medical Clinic & Follow-up Care for the Uninsured & Underinsured	Primary Care	\$ 35,080.00	\$ 35,080.00
47	Utah Partners for Health	Prenatal & Postpartum Care for Uninsured & Underserved	Primary Care	\$ 45,000.00	\$ 45,000.00
48	Volunteer Care Clinic	Health Care for Medically Underserved	Primary Care	\$ 14,550.00	\$ 14,550.00
49	Wasatch Homeless Health Care, Inc.	Primary Care Services	Primary Care	\$ 135,019.00	\$ 50,000.00
50	Wasatch Mental Health Services Special Service District	Wellness Recovery Clinic	Mental Health	\$ 54,000.00	\$ 50,000.00
51	Wayne Community Health Center	Oral Health Services	Dental	\$ 40,113.00	\$ 40,113.00
52	Weber Morgan Health Department	Women's Health Program	Primary Care	\$ 30,000.00	\$ 30,000.00